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Testimony
of the
American Hospital Association
before the
Energy and Commerce Health Subcommittee
and the
Energy and Commerce Oversight and Investigations Subcommittee
of the
U.S. House of Representatives

Assessing Public Health and the Delivery of Care in the Wake of Hurricane Katrina

September 22, 2005

Good morning, Mr. Chairman. I am Mark Peters, M.D., president and chief executive officer of East Jefferson General Hospital in Metairie, Louisiana. On behalf of the American Hospital Association's 4,800 hospital, health system and other health care organization members, and our 33,000 individual members, I appreciate the opportunity to speak to you and your colleagues about the impact that Hurricane Katrina had on hospitals in the Gulf Coast region.

I have been with East Jefferson since December 2000. Prior to that I practiced family medicine and served in various medical leadership roles with health care facilities in Ohio, where I earned my medical degree from The Ohio State University.

East Jefferson General Hospital is located in Metairie, on the east bank of Jefferson Parish, adjacent to Orleans Parish. We are a 450-bed tertiary care facility with more than 900 professionals on our medical staff. We employ more than 3,000 people, and are one of the largest employers in the parish. Our publicly owned, not-for-profit hospital offers the clinical expertise and cutting-edge technology that our community expects and deserves. We offer a range of outpatient services as well as numerous primary care services including cardiovascular, rehabilitative, oncology, and women and child services.

Throughout the onslaught of Hurricane Katrina and in its aftermath, East Jefferson General Hospital has remained open, caring for patients. In fact, we are one of four hospitals open in the New Orleans area; the others are West Jefferson Medical Center in Marrerro, Oschner Clinic Foundation in New Orleans and North Shore Regional Medical Center in Slidell.

When Hurricane Katrina hit the Gulf Coast, no one could have prepared for the intense devastation it left in its wake. The wind and the rain wreaked havoc across Alabama, Mississippi and Louisiana. Knowing that the huge storm was headed their way, hospitals began sending home ambulatory patients. Those in critical condition or requiring special assistance, such as ventilator-assisted breathing, remained in the hospital. When hospital staff reported to work on Monday, they knew it might be a few days before they were able to return home. When the levees in New Orleans broke, however, the situation changed dramatically.

This morning, I'd like to tell you how my hospital prepared for and operated during the storm, what we are doing to ensure the continuity of health care delivery in the Gulf Coast region, what our facility as well as the rest of the New Orleans medical community needs to ensure that our doors remain open to provide critical health care services to our community, and answer any questions you and your colleagues might have.

Hospitals routinely plan and train to deal with disaster, whether it's the derailment of a train carrying hazardous substances, a multiple-vehicle accident on a nearby interstate, a plane crash, or a natural disaster such as a hurricane or earthquake, depending upon the region of the country. As they prepare for natural disasters and the prospect of going without public services such as electricity and water, they plan on being "on their own" for at least 72 hours, in case it takes that long for assistance to arrive from the state or federal government.

East Jefferson is no exception. The weekend of August 27, we activated our disaster plan, which includes being self-sufficient for 72-96 hours following a disaster event; met with our hospital and medical staff to ensure that we were able to care for patients currently in our hospital as well as those who might come with injuries as a result of the storm; and began moving our less-critical patients. The physicians who comprise our medical staff are part of independent practices, not employees of the hospital, and thus had no obligation to remain with us in what looked to be a dangerous weather situation. They did stay, however, and were tremendous in caring not only for our patients, but also for our staff and others in the community who sought shelter at our facility.

Before the storm hit and roads were closed, we moved our neonatal unit to Woman's Hospital in Baton Rouge; many other patients were transferred to facilities both in and out of state, though we did not move patients that required ventilator-assisted breathing. We felt the risk to their health during a transfer was too great.

While we quickly lost power and ran on generators, our building weathered the storm fairly well. We reduced our electrical consumption by shutting off the air conditioning and reserving our power for ventilators and other key medical equipment. Our damage included quite a bit of leaking throughout the building, but that did not hinder our ability to care for patients. A few windows were blown out. Once the levees broke, the flood waters came within 30 to 50 yards of our front door. At that point, we evacuated the first floor, which is not used for patient care.

Security, communication and restaffing became critical concerns as we moved past the initial storm and began to look toward recovery. We heard reports of looting and other unfortunate events in Orleans Parish and were concerned for the safety of our patients and staff; the National Guard quickly responded and provided us with armed security. All phone service of course went down as well as cable connections, and cell phone service was infrequent at best. This made it almost impossible to ask other employees to come in and assist those who had been working 12-hours shifts for days. It also made it impossible to speak with other hospitals in our area and the public officials trying to provide assistance. I was able to get to a Baton Rouge television station, however, and announce that East Jefferson was still open and operating, and that hospital staff were desperately needed. Help began to arrive soon after.

A day or two after the storm, we ran low on food. We always were able to feed our patients, and there were only two days when the staff had to eat once a day, and in small amounts. After that, we were able to contact various businesses and vendors to replenish our supplies and food.

Throughout the storm, our first priority was patient safety, and second – though only by a hair – was staff safety. Throughout the ordeal, we received tremendous support from the men and women who work in our hospital as well as from the independent private physicians who provide care. In addition to caring for our patients, the physicians set up a quasi-pharmacy with samples from their offices so that hospital staff had access to needed prescriptions such as blood pressure medication. It provided one little bit of comfort for staff who went above and beyond their call of duty.

This is our story of how we maintained our commitment to serving the residents of Jefferson Parish. Obviously, other hospitals in the Gulf Coast region went much longer before relief arrived. They relied on generators until fuel ran out, all the while trying to arrange the means to evacuate patients and hospital staff. In New Orleans, of course, the situation was exacerbated by the rising flood waters, as patients were carried up flights of stairs to dryer floors, and authorities tried to arrange air and water evacuations.

Response from America's Hospitals

When the levees broke and the city of New Orleans flooded, the immediate assumption was that all the hospitals would be inoperable in the wake of a significant need for surgical and trauma care from the many injured anticipated.

The AHA received countless calls from hospitals across the country asking how they could help their colleagues in the south, with most ready to send resources and health care teams at a moment's notice. The AHA developed www.hospitalreliefefforts.org, a Web site through which hospitals could sign up and volunteer for deployment by the government. The response was swift and generous. By September 3, three days after the Web site went live, more than 500 hospitals volunteered for duty, and today that pool of hospital and health care facility volunteers is over 800. This information was forwarded on a daily basis to the Department of Health and Human services.

Very quickly, through conversations with our member hospitals, it became apparent that the need was not primarily immediate trauma and emergency care, but rather the facilities and ability to assist patients and evacuees suffering from chronic conditions. It was finding a way for the cancer patient to continue chemotherapy treatment, for someone suffering from kidney disease to continue dialysis, and for someone with hypertension to obtain the right medication. At the same time, we needed to care for those who suffered minor injuries as a result of the storm. In the hurricane-stricken areas, as well as other areas where evacuees have been taken, we're seeing an increased demand for mental health and substance abuse services, chronic care, and public health services.

The AHA also has been working to help locate patients who – in the initial evacuations from Louisiana's storm-battered hospitals – had been taken to other hospitals, possibly without patient ID records. This information will help ensure that these patients get the care they need no matter where they are.

Immediate Needs

Currently, we have several critical needs in the disaster area – restarting the cash flow to these facilities, relieving staff, obtaining temporary housing, and accessing fuel. As we assess the damage and attempt to rebuild our facilities it is critical that we find a way to improve our cash flow. If we have no patients, we have no income. If we have no income, we have no way to pay our workers, to obtain services such as food and water, and to continue providing health care services to areas that already have lost so much of their infrastructure. During the first two weeks of the storm and its aftermath, East Jefferson General Hospital lost approximately $12 to 14 million. Now we're losing about $500,000 a day. West Jefferson Medical Center, the Oschner Clinic Foundation and my hospital each are caring for about 150 patients a day. At East Jefferson, our average daily patient population is 350.

Our situations are urgent. Unless we find financial relief within the next seven to 10 days, we will be forced to make some very tough decisions. We are committed to our patients, our hospital staff and our community. However, we can't continue to care for our patients and community – many of whom hopefully will return soon from the evacuation – unless we have immediate financial assistance.

Hospitals, including ours, have caregivers who are reaching "burnout" and need relief from personnel from other hospitals, for two-week rotations. These caregivers can help us by relieving staff who are trying to rebuild their own lives after losing everything to the hurricane, and, for facilities outside the immediate New Orleans area, providing health care services to an influx of evacuees who have settled, at least temporarily, in other communities. We also need temporary housing – both for our personnel as well as for the temporary health care workers who come down to assist us. And in order to get our staff, as well as our emergency first responders, to the hospital, we need fuel.

Government Assistance

More than a quarter of a million people fled New Orleans. They ended up homeless, in evacuation shelters, or took up residence with relatives in other states. Some of these

victims – for certainly they are victims of one of the worst natural disasters in our country's history – may have had jobs, benefits that included health insurance, a roof over their heads, plenty to eat and all of the basic necessities. But, many may not have been as lucky and already relied on the government to assist with their health care needs. Regardless of their financial situation previous to this disaster, all now need help.

The AHA has identified several areas that require immediate attention to ensure that patients continue to have access to health care services and that hospitals continue to be able to provide them. The Centers for Medicare & Medicaid Services already has eased some of its regulations governing Medicare and Medicaid. There are, however, additional measures that can be taken. The AHA suggests immediate federal coverage for the uninsured people affected by the hurricane. So that access can be granted as quickly as possible, additional relief from Medicare and Medicaid red tape is needed. In order to facilitate providing relief health care workers to the Gulf Coast region, the AHA suggests granting broader liability protection to providers serving in disaster areas. The AHA also asks that Federal Emergency Management Agency funds be available for all types of community hospitals affected by the storm. Additional priorities include reconstructing the hospital and health care infrastructure in states battered by Hurricane Katrina; aiding stressed health care personnel; and addressing the growing caregiver shortages in affected states. I've included a full list and more details on these issues in the attached document, "Ensuring Health Care for Individuals Affected by Hurricane Katrina."

Lessons Learned

Every tragedy and disaster provides lessons to either avert the next one, or, if that is not possible, mitigate the consequences. This disaster is no exception. During the last few weeks, we've learned a number of valuable lessons and gained some insights on how best to work together. We realize that response to disasters is always ad hoc at the start, when it is best to rely on good judgment rather than policies and procedures.

We learned this time, as we did with the events of September 11, 2001, that communication systems are the first thing to go. From our experience at East Jefferson, it is obvious that an alternative, reliable communication service must be in place, so that public officials, first responders and the health care community can efficiently communicate their needs, situations and availability to assist.

Mr. Chairman, I appreciate the opportunity to tell you about the situation in my community, and offer suggestions for improving disaster response in the future. In closing, I'd also like to add that I am here representing the many people who work at East Jefferson and live in our community, who are dealing with loss and tragedy, but have remained steadfast in their mission of caring for the illnesses and injuries of their neighbors.